

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		1				
9		1				
10		2				
11		2				
12	1					
13		1				
14		1				
15		2				
16	1					
17	1					
18		2				
19		2				
20			1			
21			1			
22				2		
23			2	2		
24			2	2		
25				2		
26				2		
27				2		
28				2		
29				2		
30				2		
31			1			
32				1		
33				2		
34				2		
35			1			
36			1			
37				2		
38				3		
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			4			
TOTAL DEP.			28			
TOTAL CLAIMS			32			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

33

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS